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Application Number	10 808 263
Filing Date	3/25/04
First Named Inventor	Donald L Schillin
Art Unit	2611
Examiner Name	PhuoNG Phu
Attorney Docket Number	LINS+ 3345

I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. **OR** I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with **Customer Number:** 69960 OR Firm or X Individual Name LineX Technologies, Inc. Address 187 Hwy 36 City State Zip 07764 W. Long Branch NJ Country Telephone **Email** I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Donald Name Date Telephone 561-775-9969 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one

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